



## **MCNA Dental**

# **Arkansas Medicaid Dental Program**

September 2021

# About MCNA



MCNA Insurance Company (MCNA) is a leading dental benefit management company committed to providing high quality services to state agencies and managed care organizations for their Medicaid, Medicare, and CHIP members. We serve over 5 million children and adults with the singular mission of improving their general health by ensuring access to quality dental care.

***At MCNA, we care about smiles!***

# MCNA's Arkansas Connection


- Little Rock Regional Office
- Arkansas licensed Dental Directors and clinical reviewers
- Arkansas-based member and provider outreach staff
- Member Advisory Committee of 10 Arkansas Medicaid beneficiaries
- Dental Advisory Committee of 12 Arkansas licensed practitioners

# MCNA's Provider Portal

MCNA's online Provider Portal is a tool that enables participating provider offices to perform day-to-day administrative activities. Our Provider Portal allows you to easily verify member eligibility, submit claims and pre-authorizations electronically, view historical activity, and view and print remittance advice documents.

## Our Provider Portal also offers:

- ✓ Resources and information to keep you up-to-date, including forms, training sessions, and more.
- ✓ Access to monthly provider newsletters and periodic bulletins containing the latest updates and program information by adding your email address to our Arkansas provider distribution list.



As an added bonus, we have created a companion series of tutorial videos to help guide our providers from their first steps setting up a Provider Portal account to the successful submission and tracking of claims, authorizations, and referrals. To see our videos, go to <http://portal.mcna.net> and click on "Online Provider Portal Tutorial Videos" at the bottom of the screen.



### Online Provider Portal User Guide

Click here to view and download

### Online Provider Portal Tutorial Videos

Click here to access videos

# Member Services

Our **Member Services Representatives** are ready to help members with a variety of needs, including finding a dentist, verifying eligibility, addressing member complaints, and learning about covered benefits and services and the prior authorization process.

Members can easily access resources and documents on our dedicated website at <https://www.mcnaar.net>.

MCNA also has **Member Advocates** that can help a member file a grievance or an appeal. Our Member Advocates can be reached by calling the MCNA Member Hotline.



## Dedicated Member Hotline

Available at 1-844-341-6262, Monday through Friday from 7 a.m. to 7 p.m., to answer your questions and help you with your dental care.

# Provider Services

Our **Provider Services Representatives** are available to support and assist network providers with a wide array of requests, including eligibility verification, questions about using the Provider Portal, prior authorization requests, provider appeals or complaints, and claims resolution.

MCNA also has **Provider Relations (PR) Representatives** that offer assistance tailored to specific provider needs upon request. Our PR Reps are available to answer any provider questions in all areas, including claim and pre-authorization inquiries and resolution, provider processes and policies, education and ongoing training, communication updates, MCNA's Provider Manual, and much more.

**We are here to help you!**

If you have any questions, please call our toll-free Arkansas Provider Hotline at:

**1-844-343-6262**

You can call Monday through Friday, 7 a.m. – 7 p.m. (excluding national holidays).

If calling after hours, please leave a message for our representatives. Your call will be returned on the next business day.

# Verification of Member Eligibility

## Member eligibility can be verified the following ways:

- 24 hours a day/7 days a week electronically on MCNA's Provider Portal at:  
<http://portal.mcna.net>
  - Member **DOB** is required and at least one of the following:
    - a) Medicaid ID number
    - b) Member Last name
- Calling MCNA Provider Hotline 7am-7pm CST at 1-844-343-6262
- Calling MCNA Member Hotline 7am-7pm CST at 1-844-341-6262
- Arkansas Medicaid (MMIS portal website)

## Please remember the following:

1. Member eligibility may vary and should be checked for each date of service
2. Arkansas DHS makes all eligibility determinations
3. The MCNA issued member ID card **is not** proof of eligibility
4. The **provider is responsible** for verifying member eligibility with MCNA **before** providing services
5. MCNA recommends that a copy of the eligibility confirmation is save in the member record

# Pre-Authorizations for Treatment

## Pre-authorization requests will be processed by MCNA:

- Within the shorter of two (2) business days after receiving the required documentation or seven (7) calendar days from the date of request.
- Urgent/expedited pre-authorizations will be processed within 72 hours of receipt by MCNA.
  - Submit via the Provider Portal
  - Contact MCNA for expediting
- Pre-authorizations can be extended if the member, provider, or authorized representative requests an extension, or if additional information is needed to make a determination.
- Pre-authorizations are valid for 180 days from the date of approval.

## Pre-Authorization submission methods include:

- MCNA Provider Portal (electronic submission):
  - <http://portal.mcna.net>
- Clearinghouse (electronic submission):
  - MCNA Payor ID: **65030**
- By mail:
  - MCNA Utilization Dept.  
200 Cypress Creek Road, Suite 500  
Fort Lauderdale, FL 33309

Please contact the MCNA Utilization Management Department for any questions by calling the Provider Hotline at **1-844-343-6262**.

**Faxed pre-authorizations are not accepted.**  
**Emergency services do not require pre-authorization.**

# Post-Authorization Review

- Requires submission of the narrative and attachments required for pre-authorization at the time of claims submission
- Orthodontic procedures are not eligible for post-authorization review
- Endodontic procedures are only eligible for post-operative review (pre & post x-rays)



# Submission of Claims

Providers must file claims within **365 days** of the Date of Service (DOS).

MCNA is required to adjudicate 100% of “electronic” clean claims within 14 calendar days of receipt. (Paper clean claims within 30 calendar days)

Providers are encouraged to register for MCNA’s Electronic Funds Transfer (EFT) Program.

Providers may submit a claim to MCNA in three ways:

- Electronically through MCNA’s Provider Portal at: <http://portal.mcna.net>
- Electronically through a clearinghouse (MCNA Payor ID: 65030)
- Paper claim via mail

MCNA Dental  
P.O. Box 23920  
Oakland Park, Florida 33307

- Faxed claims **are not** accepted

# Deficient Claim

MCNA may deny your claim as deficient if it does not include all required supporting documentation, such as x-rays or narrative. If this occurs, the Remittance Advice will state the reason for the denial with a claim adjudication reason code (CARC).

Additional information may be required for a non-clean claim to be processed. A corrected ADA claim form must be submitted within **30 calendar days** from the date of the deficient denial determination. This may be submitted via MCNA's Provider Portal, mail or a clearinghouse. If a provider mails the information, the official submission date is the date that MCNA receives it.

**Faxed claims are not accepted.**

# Common Claims Submission Issues

- Duplicate Claim
- Missing required clinical documentation
- Third Party Liability (TPL) discrepancy
- Non-Covered Services
- Member not eligible on DOS

# Search For, View, and Print A Claim or Pre-Authorization

The MCNA Provider Portal allows a provider to quickly and efficiently search for, review, and print the claims and pre-authorizations that they have submitted to us. This powerful search tool is available on the Manage Your Facility menu conveniently located on the Provider Portal home screen.

## Search for Claims, Pre-Authorizations,

You can search through the entire history of claims, pre-authorizations, and referrals for your office.

### Select the Type of Records You Want to Search For



Anything



Only Claims



Only Pre-Auths

# Reconsiderations

A **claim reconsideration** is a request for a review of a claim that has already been processed and a determination made by MCNA. If you are dissatisfied with the determination of a claim or it has been denied for reasons other than medical necessity or benefit coverage, you may file a reconsideration request within **90 calendar days** of the claim determination. This request will be reviewed by the Claims Department.

A reconsideration request can include, but is not limited to, the following examples:

- ✓ *Timely Filing*
- ✓ *Incorrect fee applied*
- ✓ *Duplicate*
- ✓ *Member and Provider eligibility*

Providers and their staff have two (2) options to submit a reconsideration request:

- 1.) Online through MCNA's Provider Portal (<https://portal.mcna.net>)
- 2.) By mail to our Grievances and Appeals Department at:

## **MCNA Dental**

### **Attn: Grievances and Appeals**

200 West Cypress Creek Road, Ste 500  
Fort Lauderdale, FL 33309

# Appeals

An **appeal** is a request for a clinical review of a claim that has been denied for determinations related to **medical necessity** and **benefit coverage**. Appeal requests must be filed within **60 calendar days** of the date on the notice of the Adverse Benefit Determination.

Any information requested or other supporting information such as x-rays or rationale should be included with the appeal submission.

Providers and their staff have two (2) options to submit an appeal request:

- 1.) Online through MCNA's Provider Portal (<https://portal.mcna.net>)
- 2.) By mailing a completed Appeal Form (available on MCNA's Provider Portal) to our Grievances and Appeals Department at:

## **MCNA Dental**

### **Attn: Grievances and Appeals**

200 West Cypress Creek Road, Ste 500

Fort Lauderdale, FL 33309

*We recommend online submission for easy access, immediate delivery, and convenience. Online submission will also allow you to track and search for previously submitted appeals and/or reconsiderations.*

# Provider Enrollment / Credentialing

Your dental office may enroll in the MCNA Arkansas Medicaid and CHIP network now via fax, email, or mail. Please visit our website at [www.mcnaar.net](http://www.mcnaar.net) to view the Provider Enrollment/Credentialing process.

## Important Tips:

- Complete the MCNA provider enrollment application, including all accompanying documents, found on the MCNA website.
- Any covering dentist should be credentialed with MCNA prior to rendering treatment.
- All applying dentists must be enrolled as Arkansas Medicaid providers.
- All information submitted as part of the MCNA credentialing application must match the information provided as part of Arkansas Medicaid provider enrollment:
  - Name
  - Primary Taxonomy Code
  - NPI (Type 1 and 2)
  - Tax ID number / Social Security Number

❖ MCNA re-credentialing is repeated every three (3) years

# Practice Changes/Updates

You **must** notify MCNA of any changes to your practice and/or provider record. All changes may be submitted via email to the Provider Relations Department at [arkansaspr@mcna.net](mailto:arkansaspr@mcna.net) or fax at 1-210-695-7042 on company letterhead. Changes to notify us about include:

- Adding a new provider or facility location\*
- Removing a provider or facility location\*
  - Ninety (90) days to terminate participation to allow for continuity of care issues
- Changes with provider's license status or board actions\*
- Office address or name changes\*
- Billing and banking information
- Tax ID or NPI (Type 1 or 2)\*
- Changes to your Medicaid enrollment file\*
- Office demographic changes (contact information, hours, patient base, age range)

***\*Failure to notify us of any changes may result in payment delays.***



# Provider Resources and Documents

You may find the following resources and documents on our website at <https://www.mcnaar.net>:

## Provider Manuals

-  Arkansas Provider Manual

## Quick Reference Guides

-  Helpful Tips and Contact Information
-  Important Program Requirements
-  Training Presentation

## Forms

-  Add Existing Provider to Existing Location
-  Complaint
-  Curriculum Vitae
-  Conscious Sedation
-  DEA and CSR License Release
-  Orthodontic HLD Scoring
-  Patient Responsibility
-  Reconsideration and Appeal Request
-  Referral
-  Request Member Outreach

## Miscellaneous

-  Clinical Practice Guidelines

# Your Arkansas Provider Relations Team

## **Kathy Hatcher**

Sr. Provider Relations Rep  
1-844-343-6262 Ext: 921  
khatcher@mcna.net

## **Tina Thompson**

Provider Relations Rep / QA Analyst  
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tthompson@mcna.net



## **Ginny Johnson**

Internal Provider Relations Rep  
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## **Joye Henson**

Internal Provider Relations Rep  
1-844-343-6262 Ext: 727  
jhenson@mcna.net

Contact our team @ [Arkansaspr@mcna.net](mailto:Arkansaspr@mcna.net)

Please visit us on our website @ [www.mcnaar.net](http://www.mcnaar.net)

Log in to our Provider Portal @ <https://portal.mcna.net>

# Questions and Answers

**Thank you!**

**[www.mcnaar.net](http://www.mcnaar.net)**